

COMMISSIONER FOR PATENTS
Alexandria, VA 22313-1450Docket No.: 200.1133CON5
Date: June 7, 2006

In re application of: Benjamin OSHLACK et al
Serial No.: 10/700,906
Filed: November 4, 2003
For: **TAMPER-RESISTANT ORAL OPIOID AGONIST FORMULATIONS**
Sir:

Transmitted herewith is a **Supplemental Information Disclosure Statement** in the above-identified application.

- ☐ Small entity status under 37 C.F.R. 1.9 and 1.27 has been previously established.
☐ Applicants assert small entity status under 37 C.F.R. 1.9 and 1.27.
☒ No fee for additional claims is required.
☐ A filing fee for additional claims calculated as shown below, is required:

- ☒ Also transmitted herewith are:
☐ Petition for extension under 37 C.F.R. 1.136 (2 pages)
☒ Other: **Form PTO-1449 (1 page) including copy of reference**

- ☐ Check(s) in the amount of **\$.00** is/are attached to cover:
☐ Basic filing fee
☐ Petition fee under 37 C.F.R. 1.136
☐ Other:

- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0552.
- ☒ Any filing fee under 37 C.F.R. 1.16 for the presentation of additional claims which are not paid by check submitted herewith.
- ☒ Any patent application processing fees under 37 C.F.R. 1.17.
- ☒ Any petition fees for extension under 37 C.F.R. 1.136 which are not paid by check submitted herewith, and it is hereby requested that this be a petition for an automatic extension of time under 37 CFR 1.136.


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I hereby certify that this correspondence and/or documents referred to as attached therein and/or fee are being deposited with the United States Postal Service with sufficient postage as "first class mail" in an envelope addressed to Commissioner for Patents, P.O.Box 1450, Alexandria, VA 22313-1450 on June 7, 2006.

DAVIDSON, DAVIDSON & KAPPEL, LLC

BY: 



200.1133CON5

UNITED STATES PATENT AND TRADEMARK OFFICE

Examiner: To be assigned Art Unit: 1615
Re: Application of: Benjamin OSHLACK, et al.
 Serial No.: 10/700,906
 Filed: November 4, 2003
 For: **TAMPER RESISTANT ORAL OPIOID AGONIST
 FORMULATIONS**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

June 7, 2006

SUPPLEMENTAL INFORMATION DISCLOSURE
STATEMENT UNDER 37 C.F.R. § 1.56

Sir:

In accordance with the provisions of 37 C.F.R. § 1.97, Applicants hereby make of record the document listed on the accompanying Form PTO-1449 (1 sheet) for consideration by the Examiner in connection with the examination of the above-identified patent application.

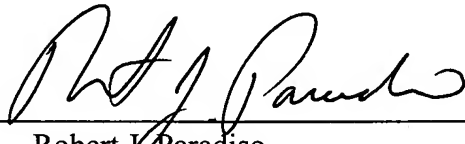
Pursuant to 37 C.F.R. § 1.98 (a), a copy of the foreign patent reference listed on the attached Form PTO-1449 is enclosed. If it is determined that a copy of the foreign patent reference is missing, the Examiner is requested to contact the undersigned so that a copy can be forwarded.

It is respectfully requested that the references cited in the accompanying Form PTO-1449 (1 sheet) be considered and made of record.

This Information Disclosure Statement is filed under 37 C.F.R. § 1.97 (b), before the mailing of a first Office Action on the merits. Accordingly, no fee is believed due. In the event any additional fee is due in connection with the filing of this Information Disclosure Statement,

the Commissioner is hereby authorized to charge said deficiency to our Deposit Account No. 50-0552.

Respectfully submitted,
DAVIDSON, DAVIDSON & KAPPEL, LLC

By 
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FORM PTO-1449
(REV. 7-80)U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICEATTY. DOCKET NO.:
200.1133CON5SERIAL NO.:
10/700,906

LIST OF PRIOR ART CITED BY APPLICANT

(Use several sheets if necessary)

APPLICANT(S):
Benjamin OSHLACK et al.FILING DATE:
November 4, 2003GROUP:
1615

U.S. PATENT DOCUMENTS

*EXAMINER INITIAL		DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE IF APPROPRIATE
	AA						
	AB						
	AC						
	AD						
	AE						
	AF						
	AG						

FOREIGN PATENT DOCUMENTS

		DOCUMENT NUMBER	DATE	COUNTRY	CLASS	SUBCLASS	TRANSLATION	
							YES	NO
	AH	1 3 9 0 7 7 2	04/16/1975	GB	A61K31	485		
	AI							
	AJ							
	AK							
	AL							

OTHER PRIOR ART (Including Author, Title, Date, Pertinent Pages, Etc.)

	AM	
	AN	
	AO	
	AP	
	AQ	
	AR	
	AS	

EXAMINER

DATE CONSIDERED

*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.